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ABSTRACT

Establishing a British national strategy to tackle youth drug use would seem an obvious first step in solving the drug problem. Some ideas for remedying the drug problem among young people are presented in this conference report. Drug abuse among children and adolescents throws up some complex issues and the obstacles to any coordinated, cross-agency approach are considerable. These obstacles mainly concern the operational autonomy enjoyed by the police and other agencies in the setting of strategies and agendas which invariably bring agencies into conflict, be it over resources, values, or personal interests. Many groups are working at cross-purposes, and there is growing confusion over roles and responsibilities in drug-education work generally. Attempts to deal with the problem are further exacerbated by the unfortunate "politicization" of the drug issue and the refusal of policy-making bodies to acknowledge the growing normalization of youth drug-taking and to set their policies accordingly. What is needed, it is claimed, is a thorough examination of potential alternative strategies, taken from new and innovative initiatives in operation across the country. It is suggested that an honest assessment of the real extent of drug-use in society be made. (MKA)

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DRUGS AND YOUNG PEOPLE: TURNING THE TIDE

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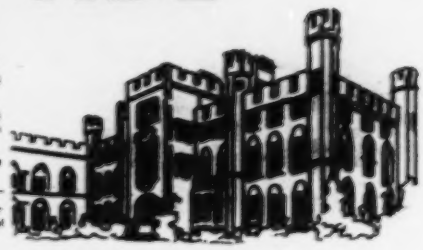

A ST CATHARINE'S CONFERENCE HELD AT CUMBERLAND LODGE JUNE 1997

Report by Claire Greenhalgh

Introduction

This conference was a response to police concern over the quality and impact of their rôle in drugs education for young people. It broadened into an examination of agency provision generally and the difficulties of achieving a co-ordinated approach to the problem of escalating drug misuse among young people today. Confusion over appropriate rôles and responsibilities was seen to be impeding efforts to introduce new and innovative drugs education programmes which meet the needs of all young people, whatever their level of education and personal development. It was hoped that examples of good practice, new approaches and an exchange of ideas could be highlighted and discussed and the tide of drug use among the young turned.

In opening the conference, **Dr John Cook**, Principal of St Catharine's, acknowledged the generous contribution towards the cost of mounting this conference which had been received from **Securicor Custodial Services**.

SUMMARY

Establishing a national strategy to tackle youth drug use would seem to be the most obvious first step to the problem. Unfortunately, this poses some very complex issues and the obstacles to a co-ordinated, cross-agency approach are considerable. They mainly concern the operational autonomy enjoyed by the police and other agencies in the setting of strategies and agendas which invariably bring them into conflict, be it over resources, values or personal interests. Many, particularly in the informal sector, are working at cross-purposes, and there is growing confusion over rôles and responsibilities in drugs education work generally. Attempts to deal with the problem are further exacerbated by the unfortunate 'politicisation' of the drug issue and the refusal of policy-making bodies to acknowledge the growing normalisation of youth drug-taking and to set their policies accordingly. What is needed is a thorough evaluation of current provision and an examination of potential alternative strategies, taken from new and innovative initiatives in operation across the country. This should be followed by a frank and open national debate on the subject. We need to assess the real extent of drug-taking in our society and cease perpetrating the myth that it involves only a small, delinquent minority of young people. Evidence points overwhelmingly towards a far more widespread phenomenon.

1 The normalisation of recreational drug use among young Britons

In introducing his presentation, **Professor Howard Parker** pointed out that rates of drug offers, drug trying and drug use rose dramatically among young people during the 1990s. Rates among mid-adolescents — age range 14–17 — are also on the increase and there is a high and consistently rising incidence of new triers in each year group.

Similar upward trends can be observed whatever technique of measuring young people's drug use we employ, such as household surveys, annual school-administered surveys or confidential self-report questionnaires. In the early 1990s it was revealed that approximately 30 per cent of fifteen and sixteen year olds had tried a drug. Since then, the figure has risen to almost 50 per cent, based on surveys conducted after 1995. We need to try and understand the complexities which lie behind these figures to make any progress in managing the normalisation of recreational drug use among young people.

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SPARC (Social Policy for the Management of Social Problems) at Manchester University has been studying normalisation processes for the past six years. One major study has been to follow over 700 young people between the ages of 14 and 17 from urban North West England between 1991 and 1996. A number of other studies of youth culture took place, including new drinking patterns and the night club rave scene.

We should stop being obsessed with adolescent drug triers and prepare for a minority who are moving into adulthood with worrying drug careers

The speaker stressed that unless policy makers and politicians begin to grasp the enormity of the shift in attitudes and behaviour among young people in respect of recreational drug use, we will continue to throw millions of pounds at ineffective drugs education, criminalise and stigmatise large numbers of otherwise law-abiding young citizens and widen the generation gulf between under and over thirties. We should stop being obsessed with adolescent drug triers and start preparing for the prospect of a minority of drug users who are moving into adulthood with worrying drug careers. The speaker listed some of the key areas of change:—

Drug availability and offers

The main drugs used by young people are now cannabis, amphetamines, LSD and, in later adolescence, ecstasy. So far, 1990s youth has rejected heroin and crack cocaine, although we need to monitor heroin use among a minority of damaged and delinquent adolescents who have grown up in care or have become homeless. Drugs are increasingly available in schools, colleges, pubs and clubs and can be obtained from friends without approaching dealers. In further support of the trend towards normalisation, those youngsters who want nothing to do with drugs will have to say 'no' dozens of times during adolescence.

Drug trying and drug use

Surveys suggest that those who have not tried a drug by the age of 19 are a minority group. They also indicate that drug trying is expanding down the age range with 11 and 13 year olds now trying drugs more often than before. In terms of drugs initiation, cannabis dominates and has become readily available to early risk-taking adolescents, reducing the highly dangerous use of solvents and gases. Initiating on LSD is not recommended by young people, even older users, since it is seen as the most unpredictable drug.

Drugs pathways

Professor Parker suggested the following definitions of drug pathways: *Abstainers* are those who have not only never tried a drug, but have no intention of ever doing so. *Ex-users* are young people who have tried a drug but claim they won't do so again. The *in-transition* group is made up of three-quarters who have tried a drug and a quarter who have not. The binding feature in this group is that they expect to try drugs for the first time or again in the future and the key drug is cannabis. *Current users* imbibe drugs fairly regularly. Within this group we have a minority who already have problems with use and look like they will become problem users, mainly through combination or poly-drug use. If we are to find the drugs-crime connection, it will be among this group, although there is generally no direct relationship between recreational drug use and acquisitive or violent crime. Most young drug takers obtain their drugs from legitimate resources, such as pocket money or part-time work.

Today's users are young men and women from all social backgrounds

Further features point to the normalisation of drug use. Young drug users are no longer primarily male. We now have as many female as male users and whilst very early drug use is associated with working class 'risk-takers', by late adolescence social class differences are minimal. Higher education students appear to have enormous drug appetites! Today's users are young men and women from all social backgrounds but with an increasing tendency to be well-adjusted, successful young citizens, i.e. *everybody's* children.

Another aspect of normalisation is the availability of drugs in all places where young people gather unsupervised — the car, train, bus, street, friends' houses, pubs. This means that those who don't use drugs are also routinely found in situations where friends or acquaintances are using drugs and, although they may not like it, it is a feature of social life.

Managing normalisation

There is a major misconception in government publications that youthful drug use leads to crime. In every generation, there exists a minority of persistent delinquents and drug taking will be included amongst their other deviant behaviours. However, most young drug takers are neither delinquent, persistent truants or no-hopers and criminalising young users thus has devastating consequences for their futures. Also, if around half of British university students have taken drugs, then we have major problems upholding the law. One might say that those who get caught out or excluded from school and perhaps denied access to their chosen profession are basically unlucky, but with so many young people trying drugs the unlucky numbers will grow. Unfortunately we have no system of fairness. Schools behave idiosyncratically, police officers make inconsistent judgements about whether to caution or prosecute and the moral authority of the law is undermined.

Howard Parker warned about the dangers of pursuing current policies on tackling drug use among young people. Tens of millions of pounds a year are spent on drugs education for which there is little evidence that it is effective, and very clear signs that it is not. This obviously needs reviewing. Furthermore, our drugs education strategies are often driven by political expediency and by a refusal to face up to normalisation or even discuss the issue honestly and

openly. The real debate may only occur when the situation gets so out of hand that the pressure for a rational debate finally forces politicians to change. Cannabis dominates young people's drug use and this is where policies should be focused. One solution might be to introduce a drugs cautioning system for personal use which decriminalises possession and to make drug driving, as with drink driving, a far more serious offence.

The speaker pointed to the enormous success of the drugs helplines as evidence that young people want immediate, confidential and objective information and advice. We need to develop a young adults' drugs service and, because they are unlikely to attend current services, we should also be examining new approaches to their personal and public health. Attempts to institute such measures are frustrated by continued public spending on campaigns reminiscent of the 'war on drugs'.

SPEAKERS

Professor John Ashton, Regional Director of Public Health, NHS North West Executive.

Mark Chorlton, Macclesfield Streetwise Project.

Mairi Christie HMI of Schools.

Ian Clements, Consultant, South Cheshire Drug Action Team.

Pat McGill, Drug Education Development Co-ordinator, Cheshire County Council.

Professor Howard Parker, Director, Social Policy for the Management of Social Problems (SPARC), University of Manchester.

Colin Phillips, Chief Constable, Cumbria Police.

Tom Wylie, Chief Executive, National Youth Agency.

Young people's drug use has become endemic and a long-term feature of youth culture

The trend towards normalisation means young people's drug use has become endemic and a long-term feature of youth culture. We clearly need to understand and recognise that, despite its moral and political sensitivities, managing endemic drug use should involve the same approach we use to address other areas of social policy: what are the facts, which strategies are cost-effective and how can legislation and inter-agency policy and practice help manage this situation? In these areas, we have barely begun.

➤ Discussion focused on clarifying some of the speaker's views on the debate surrounding the normalisation of drugs and highlighted problems associated with measuring the risks posed by drug use among the young.

It was suggested that more 'drugs stories' — where the negative effects of drug use are brought to the attention of young people in a way with which they can identify — should be used to enforce the messages about health and safety risks. However, the problem with this is that young people have different perceptions of the risks and the moral issues involved in drug-taking. For example, the 'abstainers' respond well to the 'say no' message and have little sympathy for those who are criminalised or hurt through drug use. There are also some interesting data on the types of young people likely to get involved in drugs. Abstainers tend to avoid risks and new experiences, go out rarely and seek approval, whereas the profile of the typical drug user is someone who enjoys risk-taking, will smoke and drink early and resents authority.

It was suggested that the impact of drugs education is also extremely difficult to measure and few were convinced that it has any influence in changing behaviour. A number of suggestions were made about strengthening current drugs education provision:

- Ensure that the person delivering it does not adopt a moral stance and he/she knows the full facts about the health risks and implications of drug use.
- Work with young people in such a way as to bring about a situation where they are competent and responsible enough to make their own choices about the risks they take.
- Avoid placing the responsibility for drugs education upon the teaching profession. Other forums should be provided for the teaching of drugs education by trained professionals.
- The prime concern should be to accept the heterogeneity of young people and give them access to information from which they can select what is relevant to their needs. This is particularly relevant to post–16 year olds who are difficult to address as a group once they have left school.

The speaker concluded with a warning that young people are more sophisticated than we give them credit for. Most are capable of assessing the risks of drug-taking, particularly when it comes to deciding whether the risks to future career prospects are worth the enjoyment derived from taking drugs. Furthermore, it is no longer feasible to categorise and stereotype drug users as delinquents and no-hopers and to consign drug use to the sub-cultural underworld we associate with hard drug abuse. Drug users are just as likely to be successful, middle-class and law abiding citizens from stable backgrounds. This is what normalisation means.

2 A Perspective from Youth Work

Tom Wylie of the National Youth Agency suggested that a key principle of youth work was to try to understand how young people saw their world.

Some forms of drug use have been a part of most cultures for thousands of years but we can now perhaps speak of drug use, including alcohol, among post 15 year olds as being normalised. It is a feature of youth culture that one can 'get hold of anything' and the choice of a particular drug often depends upon fashion, income or the sub-culture of a certain group. Drugs are connected with the music scene, with having a good time or escaping from inner doubts and anxieties. Cannabis may have eased the dislocations caused by youth unemployment while ecstasy has become a symbol of individuality.

Young people's attitudes to drugs are changing. They have become more accepting of users, both at recreational and experimental levels of use. They have more confidence, sometimes misplaced, in deciding personal levels of safety and the harmfulness of particular substances. Theirs is the typical adolescent view of the attraction of risk-taking and young people are often unable to deal with the longer term consequences of their actions.

Young people have become more accepting of users, both at recreational and experimental levels of use

Changing perceptions of drug use provide a basis for exploring the contribution of informal youth work to drugs education. Youth work takes a variety of forms, including the range of voluntary organisations around the Church, youth clubs, school-based youth centres, projects with the arts, street-focused work — particularly the valuable detached work — and youth advice and counselling services.

At its best, youth work offers three or four key components which touch upon drugs work.

Education about drugs

This is conveyed through information, skills and attitudes training. Workers need to avoid concentrating too closely upon information since drugs education is an area where young people are often more knowledgeable than the person trying to influence their behaviour. One should also recognise that, however good the information, not everyone will be receptive to the message.

Youth Work

Since youth workers do not carry the authority of police officers and teachers they can get closer to young people

Good youth workers can make a vital contribution. Since they do not carry the authority of police officers and teachers they can get closer to young people and can maintain confidentiality. Youth centres and other 'neutral' areas give young people safe places to be themselves, to mature, to test out their feelings and to handle issues such as anger, hope and frustration in different ways. There are also opportunities to develop skills in handling stress and other forms of personal and social education.

Safe spaces and risk-taking

There is a tension in offering safe places for young people to be themselves, but also to take risks. This is not only in respect of drugs, but also for other personal challenges which acknowledge that adolescents seek excitement and expression. Young people also need help in building self-worth. While accepting that young people are essentially vulnerable, good youth work tries to view them as worthy and preferring to seek positive outcomes for themselves.

Flexibility in the delivery of services

Successful services for young people satisfy a number of conditions. Organisations need to have a clear sense of their own objectives, offer decent facilities and be flexible in their responses to young people's needs. A failure to provide facilities for young people later in the evening, for example, means that there is little alternative to night clubs and thus further exposure to the drug scene. Youth workers need skills and adequate training. They must also possess the right approach to young people, be able to demonstrate a genuine understanding of their needs and to interact with them on an equal footing.

Good youth work also requires proper evaluation criteria. In recent years peer education has been growing in popularity and would seem to be worthy of encouragement. One criticism, however, is that it carries the health messages of adults through to the next generation, rather than encouraging young people to think through the issues for themselves.

Policy issues and practice should be periodically evaluated. How are services being managed? What should be the level of support to workers on the 'front line'? We should also avoid placing too much emphasis on time-scales. Developmental programmes require time for evaluation and assessment in order to be effective. There should be good and straightforward access to counselling and rehabilitation for those in need of these services and plentiful opportunities for information about where they are located.

The difficulties of developing effective inter-agency partnerships need to be tackled. Because these groups are multi-disciplinary, people come to them with their own, often conflicting, values and professional interpretations. Policy makers have different views to police officers or health workers in terms of their working practices, attitudes and priorities. Furthermore, young people rarely perceive the world and organise their lives in the way government departments might wish. They have differing attitudes to health, education and law enforcement. A holistic approach to local needs as opposed to a national, central-government-led strategy might be more effective and this could be a means of easing the tension between the health versus crime agenda in youth drug use.

National campaigns should respond to what is happening at the grass roots level and support those who are dealing with 'real situations'. The choices young people make often

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reflect their class, gender and locality and these social and economic variables need to be acknowledged in national campaigns or educational strategies, perhaps through redefinition or differentiation of the basic messages.

National campaigns should support those who are dealing with real situations

It is short-sighted to assume that these issues can be handled simply within the context of drugs education or youth work. Social exclusion due to high levels of unemployment, truancy and poverty mean that countless numbers of young people are not being reached and their needs go unanswered. This might be tackled through more vigorous forms of community development.

➤ In the lively discussion which followed, a number of points were made relating to the function and purpose of the youth service in drugs education work and the merits of a national versus local strategy for tackling the problem of drug use.

Few can doubt the value of the Youth Service in its relationship with young people. More than any other agency it works for and with young people in a non-judgemental and enabling way which gains their trust and this can play a vital rôle in getting the anti-drugs message across. Unfortunately, the service suffers from chronic under-funding and lack of clarity about its rôle and purpose within the national drugs strategy framework. Many agencies are appallingly ill-informed about the work of the youth service and the skills required to make a good youth worker. Furthermore, it is often seen as a 'soft cop' whose rôle is to police young people informally, a stance which only discredits it in the eyes of young people. However, it is important that the service needs to remain sufficiently low-key in order to avoid the restraints placed upon other professions and to maintain its close relationship with young people, particularly post 16 year olds no longer under the jurisdiction of education.

It was pointed out that, so far, the Youth Service has not been given a sufficiently high profile on the Drug Action Teams (DATs) and in many cases has had to fight hard for recognition on this and other bodies. This is a pity since the way forward increasingly seems to be to work in collaboration with a range of agencies, an approach which suits the ethos of the Youth Service. It was even suggested that we should avoid thinking in terms of national strategies and frameworks for tackling drugs problems and to place drugs together with sex and alcohol education within the context of a broad-ranging health strategy for young people.

There was some discussion about the utility of pushing for a national strategy at all. The speaker suggested that, if desirable, such a national policy would be difficult to formulate in a way which would satisfy the demands of all the principal agencies and virtually impossible to implement at local levels where needs differ so enormously. A better approach might be to put in place suitable, well-resourced arrangements at local level which are determined by local need and encourage multi-agency teams like the DATs to work round attitudinal differences, perceptions and prejudices. This would also hopefully relieve some of the tension which is created through competition over interests, funding and access to information.

3 The rôle of the Police: An insider's view

Colin Phillips, Chief Constable of Cumbria, offered an insider's view of the rôle of the police in delivering drugs education in schools. He viewed the issues in the context of his own experience of designing drugs education programmes for schools in Greater Manchester in the early 1980s. As Chief Constable, drugs education is only one among a number of responsibilities and there are thus fewer opportunities to take a direct part in the close monitoring of the force drugs strategy.

The 1995 White Paper 'Tackling Drugs Together' provided the Association of Chief Police Officers (ACPO) with a strategic framework on which to base its own drugs strategy, primarily through a combination of enforcement and prevention. Work with schools plays an important rôle in the prevention policy of most force strategies and may be undertaken in a number of ways, from ordinary beat officers to specialised schools' liaison officers. A number of initiatives are also being developed within the urban forces, such as D.A.R.E. (Drug Abuse Resistance Education) in Nottinghamshire, R.I.D.E. (Resistance to Drug Education) in the Metropolitan and 'Get Real' in Hampshire. Several other less formal techniques and inputs are also on offer, including plays, puppet shows, videos and caravans.

Some forces undertake activities with young people out of the school environment

Some forces undertake activities with young people out of the school environment. These may take the form of relationship-building schemes with a drugs message such as the initiative 'Operation Lifestyle' in Humberside or 'Safer Dancing' with the Greater Manchester Police. Sport is very popular and several forces arrange five-a-side soccer matches and other sporting events for young people.

However, police forces face a number of difficulties in relation to drugs education work, not least because the ACPO drug strategy is being implemented in different ways. Force sizes differ and priorities change according to the location of the force area. Similarly, priorities differ for those forces with more than one local authority area.

Colin Phillips highlighted some of the difficulties police officers encounter in delivering drugs education through three case studies:

Case study 1

A university student involved in a social scene where experimentation with drugs was prevalent. He was brought up on the advertising campaigns of the 1980s with

messages like 'Just Say No' and 'Heroin screws you up'. He knows that drugs do not kill and that for many of his friends the pleasures of drug use outweigh the risks. His view of police involvement in drugs education is rather cynical — he knows for example, contrary to what they may say, that drugs do not kill. He thus requires more sophisticated information about the risks of drugs.

Case study 2

A 17-year old A-Level student who is athletic and studious — the typical abstainer. He obtained most of his education about drugs from his parents and through the media and friends. His drugs education needs to be pursued through the sixth form and university as he becomes exposed to the dance scene and unfamiliar social environments.

Case study 3

A 14–year old high school pupil who has just begun to receive drugs education input from the local beat officer at school. The pupil has been well-informed through other sources and does not take the police officer's input seriously. To address this, the young person's parents need to receive drugs education. Officers should also be better trained and their credibility in the eyes of young people raised. The pupil's own drugs education should have started earlier and the input needs to be more professional.

The speaker concluded by calling for a debate on the rôle of the police in schools to assess whether it is the most effective way to educate young people about drugs. He felt that it was time to adopt a joint, co-ordinated approach which would include central input either from the Government or by means of a Royal Commission or Think Tank. All subsequent strategies must recognise and deal with the conflict between the abstinence and harm reduction messages.

➤ Most of the points raised in discussion focused on strategies for police involvement in drugs education work and the value of their contribution generally.

There was an overwhelming consensus on the need for properly skilled police officers to undertake schools liaison work. Whilst knowledgeable about drugs, they also needed to have some credibility in the eyes of the young people, something which comes from an ability to relate well to people of all ages and backgrounds. Police involvement must also take place in the context of a structured and ongoing programme where there is an equal input from a number of other agencies, such as youth workers and health education officers. This would encourage better appreciation of the value of individual groups' contributions to relaying the messages and also promote further interagency integration and collaboration. Whatever the police rôle might be in the future, a joint and co-ordinated approach is essential.

There are a number of advantages to the police undertaking drugs education work — they have independent authority and the resources to assist other agencies. Surveys also indicate that young people expect them, in preference to other agencies, to deliver the anti-drugs message. However, it was stressed that the police should not assume the entire responsibility for schools liaison as in the past when only they, and the users, knew anything about drugs. They are not educators and it is unfair of us to take advantage of their 'can do' culture by expecting them to take on the rôle of trained educators. Furthermore, as each of the 43 forces enjoys complete operational autonomy, it would be impossible to ensure consistency in the tone of the message being delivered, the level of force involvement and the impact of their contributions.

For these reasons, it was accepted that no national police-led strategy on drugs education, however desirable, would ever be possible. Indeed, the police encounter difficulties even when they try to implement recommendations for developing a coherent drugs strategy because the messages are often contradictory. Some forces will deliver a strong and unequivocal 'say no' message that warns young people primarily about the legal implications of being caught with drugs. Others adopt a harm minimisation strategy which focuses on the health and safety risks of drug-taking, downplaying the importance of the moral issues. The participants were divided upon whether the police should be involved in drugs education work. However, good practice in some force areas suggested that the police could provide a useful contribution to a multi-agency anti-drugs message, provided that only trained and competent officers are used.

4 The rôle of the Police: an outsider's view

Mairi Christie HMI first emphasised the impressive range of police initiatives in drugs education and the very important rôle of the police service in conveying the risks to young people. The rôle of the police since the early days of community policing in Britain has never been solely confined to enforcing the law, although this remains its most important function. For over 100 years the police have seen their rôle as one of preventing crime and deterring young people and other groups from criminal activities.

Unfortunately there is some disagreement about what the rôle of the police in drugs education should be. Some believe the police have a central rôle, offering advice and information, while others perceive them as primarily law enforcing agents whose educational brief is somewhat lower down the scale of priorities.

One may ask — should the police be involved in drugs education? Certainly, if they are to continue working in this way it is important that officers are properly trained, have sufficient knowledge of drugs and the ability to work effectively with young people.

How is this work viewed within the police service and what is its status? Some officers regard community liaison work as a soft option and there are a number of other difficulties to be overcome. Do they see themselves as purely enforcers of the law? Are they responsible for promoting a preventative message?

Should their approach be one of partnership and, if so, what should the basis of partnership be? There have been problems clarifying the rôles of the various agencies involved in drugs education work and evidence from the inspection of the contribution of youth services to drug education shows that there is a weakness in co-ordination.

Some officers regard community liaison work as a soft option

Police officers are also confronted with the dilemma of determining the ultimate purpose of their drugs education work. Are they in the business of harm minimisation or should they be adhering strictly to the letter of the law? Police officers are not in the position of deciding which stance to adopt, but other agencies are often confused on this issue.

The work of the police is complicated by the difficulties of dealing with adolescents as a social and cultural group. Adolescence is a period of natural alienation from the rules of the adult world, where authority and values are challenged and the young person comes to understand the moral complexity of life. Young people are vulnerable, reject authority and develop prejudices which are difficult to break. It is often the task of the police to break down barriers erected over generations in many areas, and there are also cultural and racial challenges to overcome if some groups of young people are to be reached.

School and youth work inspections have revealed many successful prevention initiatives

School and youth work inspections have revealed many successful prevention initiatives involving the police. Sometimes they assume a major rôle, either as funders or advisors, and at other times a more peripheral one. The work of other agencies has also been praised, often in spite of inadequate resources.

Police services have an inconsistent record in terms of drugs education work. Some have well-developed policies and projects focused on the needs of young people, while others appear to do very little. Research suggests that those services with specially trained youth liaison officers work far more effectively and have better working relationships with other agencies in the community. By contrast, other services have been somewhat inflexible and the quality of provision received by young people often seems to depend upon where they live.

What benefits does the 'outsider' see in police involvement in drugs education work? Clearly, more effective inter-agency partnership and collaboration which include the police is essential. Inspections showed that in cases where collaboration had been effective, some of the best and most effective drugs work had resulted, although there are still problems with co-ordination of effort and occasionally conflicting attitudes. There is also a huge diversity in terms of levels of provision and commitment across the country and suspicion about police motives still exists among young people.

Such developments show a greater consistency in the level of police input in schools than was the case a few years ago. However, the level of co-operation in follow-up and preparation still varies considerably from force to force, despite warnings from senior police officers that ad hoc activities and inconsistent approaches are not the best way to get the message across. There is a particular need to re-inforce messages introduced at an early stage in the education process, yet scarce resources are making this increasingly difficult.

Police, after all, are not teachers and it is unfair and misguided to see them as such. This anomaly has been demonstrated in the experiences of the D.A.R.E. scheme, an American drug education programme adopted by some British police services and brought to the UK. It is a 17-week course for 9-11 year old pupils with the aim of raising awareness about the dangers of drugs, giving young people the confidence to say 'no'.

Some police services, in collaboration with schools and youth agencies and with considerable previous experience of working with young people, have had some success piloting the programme. However, it is expensive to implement, makes no differentiation between levels of understanding and adaptability among children and retains a distinctly 'American' flavour. As yet, evaluations have been positive but it remains to be seen what will be the long-term impact of the initiative in British schools .

Police are not teachers and it is unfair and misguided to see them as such

One of the problems of reviewing police work in schools is the absence of mechanisms for evaluation. These are needed to assess current initiatives, improve future practice and to disseminate examples of what works among the other police forces. Evidence suggests that certain police forces are unaware of what is being undertaken in other force areas and require some means of assessing the positive effects of school liaison work generally.

Despite its work in education, the central rôle of the police service is still in drugs law enforcement and this includes responsibility for those young people who have been in custody for drugs-related offences. Drug use in prisons and young offender institutes is not uncommon and some inmates develop serious drug habits while in custody, although the proportion of young people involved is very small. The rôle of the police here is not to deal with the young person's addiction, but to direct them towards the relevant helping agency.

The police could and do play a vital rôle in some of the inner city estates where large proportions of young people have been criminalised by the drugs environment. There is admirable work being undertaken by youth agencies in co-ordination with specially trained youth and community officers and developing trusting relationships helps to break

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down some of the anti-authority barriers.

In conclusion, the speaker highlighted some aims and objectives for drugs education work:—

- Provide equal access for all young people to the same quality of advice from the police service.
- Ensure that all police officers have appropriate training in working with young people, and a sound understanding of drug issues.
- Develop success criteria and sound evaluation techniques to assess the performance and effectiveness of current provision.
- Use these evaluations to influence and improve current and future practice.
- Develop a consistent service-wide message which links to a national strategy involving all the responsible agencies.
- Set objectives to be achieved and standardise funding arrangements to ensure that funds are available for long-term project work.
- Adopt a consultative, diplomatic and consistent approach.

Mairi Christie concluded by calling for a national database of good practice in police drugs education and a review of current initiatives, policies and practices.

➤ Discussion explored ways in which the police could be incorporated into drugs education work in schools and the problems inherent in the contradictions between their law enforcing and educational rôles.

Participants spent some time determining the best type of person to deliver drugs education. It was decided that this could be a police officer provided that he/she was able to relate well to young people and adapt his/her message to the level of knowledge of the audience. The main skill in work of this nature is the ability to develop and maintain credible relationships with young people — often found in cases where authority is informal and confidentiality is assured — and this is a rôle youth workers are usually best suited to fill. For this reason, the police officer must be well-trained and experienced if he/she is to play an effective educational rôle. Unfortunately, forces are able to determine the style and interpretation of their own drugs strategies and this has led to inconsistency, poorly structured programmes and the presentation of contradictory or erroneous messages.

There was some disagreement about the kinds of messages police officers should actually be relaying in the course of their liaison work. As law enforcement agents it was felt that their prime concern was to inform young people about the criminal implications of drug use and possession. On the other hand, surveys show that a significant minority of young people choose to take drugs irrespective of the dangers and there needs to be some means of providing them with information on minimising risks to themselves and others. Although not an approach all forces may choose to employ, the harm minimisation strategy is often the sole means of conveying information to young people whose behaviour is unlikely to be affected by the threat of criminalisation.

Finally, the contentious issue of categorising levels of drug use and misuse was raised. It was suggested that we are actually dealing with a multi-issue problem rather than a multi-agency one. Can one use the same approach with recreational, 'controlled' drug use by responsible, generally law-abiding citizens that one might employ in dealing with serious and dangerous drug abuse? How do we define levels of drug use and should we refine our message to address the different layers of drug dependency? It was suggested that we should be looking more closely at the extent of drug use generally.

5 Drug Action Teams: A View from Cheshire

The work of the Drug Action Teams (DATs) in drugs education work was referred to on numerous occasions throughout the conference. The initiative was clearly an important element in tackling drug use among young people and advising them about the risks. As a means of clarifying the work of the DATs and their rôle in the drugs education process, members and associates of the South Cheshire DAT provided the conference with an account of the approaches they were adopting and why they think it to be a worthwhile initiative.

Ian Clements, a consultant to the South Cheshire DAT, accepted that the initiative was not the ideal vehicle for developing inter agency co-operation and it was still too early to assess its impact. However, he had great faith in the value of the teams and what they are capable of producing given appropriate funding and support. The DATs and Drug Reference Groups (DRGs) need to be successful if work on drugs education and prevention are to move forward.

The Drug Action Teams and Drug Reference Groups need to be successful if work on drugs education and prevention are to move forward

In South Cheshire the need for specialist drug services for young people became apparent quite early in the DAT's evolutionary period. A survey discovered several gaps in the provision of services for young people and in generic drug services generally. Examples of good practice seemed to be concentrated in the specialist drug services. The main obstacles were a lack of common goals, purposes and language, issues of confidentiality and widespread mis-information. The mapping process revealed these gaps and helped in the planning of services for young people which took their needs into account.

A number of initiatives were developed:—

- 'Parents Against Drug Abuse', a parent support network, was founded to give parents a better understanding of the risks involved in drug-taking by their children.
- An adult awareness programme was set up to run talks for governors' groups, village schools

and women's institutes to inform them about the issues.

- A training strategy was launched, joint training schemes organised and ways of maximising resources were explored.
- Ways of pooling and sharing funding were examined.

Alan Holt of the Cheshire Constabulary explained the police input to the Cheshire DATs and emphasised the importance of team working in achieving common goals. When initially taking up, on behalf of the police, the responsibility for raising levels of drug awareness within the community, Detective Inspector Holt identified the extent of police involvement in drugs education. It became clear that, although there was plenty of such activity, much of it was unstructured and inconsistent with the philosophy of other agencies.

Subsequently, all of the agencies from the public, private and voluntary sectors involved in drugs education and awareness issues within Cheshire were brought together to establish a common educational drugs programme that would be made available to adult (18 and over) groups. Of particular interest were parent-teacher groups, who had frequently stated their wish for appropriate drugs information which enabled them to talk with young people and children on an informed basis.

Nine months later, the outcome of a seemingly impossible task is the *Drug Education Partnerships INSIGHT Awareness Programme*. It was launched on 16 May 1997 and is a high-quality, two-hour presentation consisting of a series of slides (a CD–ROM is also being produced), text, humorous cartoons and photographs of drugs and associated paraphernalia.

The INSIGHT programme protocol requires that it may only be delivered by presenters who are specifically competent and these are police officers, youth workers and community volunteers. The initiative is supported by a comprehensive initial training and ongoing development programme which seeks to ensure consistency in presentation irrespective of the background of the presenter. The project is currently the subject of an independent evaluation by Salford University. The INSIGHT programme is jointly funded by the Drugwatch Trust and the Cheshire Education Service and is supported by both the South and North Cheshire DATs.

Pat McGill, a co-ordinator with the South Cheshire DAT, stressed that it had not been easy establishing good working relationships with the other agencies and conflicts over perceptions, attitudes and values remained to be overcome. The 'team' is still in the process of development and it is too early to offer a complete assessment of the DAT's achievements.

The most important qualities in drugs education are relating to young people and gaining their confidence

In her view, the most important quality required in drugs education work is the ability to relate to young people and gain their confidence. Unfortunately, many of us have lost track of the purpose of education. It is not purely an information-giving process, but a means of providing young people with the skills and understanding to make informed use of knowledge gained in making their decisions. Education has become too prescriptive with fewer opportunities for experimentation in educational practice. There has been a move to focus too heavily on the task and assessing the outcomes through achievement levels, rather than on the development of the whole person. It is important to celebrate the achievements of young people and their teachers and not to denigrate them as a means of impacting upon the school community.

The South Cheshire DAT approached young people, asked them what they needed and sought out what were, for them, the most pressing and important issues. They were asked to form a Drugs Reference Group which could contribute to the DAT and ensure that it had a fuller understanding of their needs. This turned out to be a worthwhile and important contribution to the work of the DAT since so many of its representatives are far removed from the drug experiences of young people.

A young resident of Macclesfield, **Mark Chorlton** discussed the kinds of services young drug users need and the fact that drug-taking is as much an issue in Macclesfield as in other parts of the North West. He illustrated his views with reference to a successful initiative which took place under the auspices of the Cheshire Youth and Education Services which adopted a different approach to this issue. Discussions were held with young people about the level of drugs education they had already received, what services currently existed and the kinds of services which ought to be available. They suggested:

- A service was needed which listened to young people and allowed them the opportunity to run it independently.
- The atmosphere should be friendly, informal and non-judgemental, with consideration of the reasons which lead to drug use.
- A high level of confidentiality was essential, as were clarity of values and emphasis upon more verbal and open forms of communication.
- Places and centres should be accessible with flexible opening times, yet also be inconspicuous.
- Opportunities should be made available for parents and teachers to access information.
- All information should be up-to-date and included in a network with other agencies. Financial and career advice, good and efficient transport, and cheap and accessible leisure services should also be resourced.

The main obstacle to police involvement in drugs education is that 14–16 year olds do not respond well to authority

For young people the main obstacle to police involvement in drugs education work is that 14–16 year olds do

REPORT FROM THE DISCUSSION GROUPS

Discussion groups were asked to consider three issues.

1. The main features which should go into a national strategy for drugs education, prevention and harm minimisation:

- A needs analysis should be undertaken of the services required by young people — they should also be co-opted into the decision-making process.
- A leading agency should be nominated — such as the Department of Health - to co-ordinate inter-agency work and other initiatives and activities.
- The UK should learn from strategies pursued by other EU countries and subsequently participate in the development of an EU-wide policy.
- Criteria for accurate monitoring and evaluation should be built into all new initiatives and examples of good practice and innovation disseminated widely — possibly by means of a database co-ordinated by a national drug counselling agency.
- The appropriateness of police involvement in drugs education needs to be discussed.
- Drugs education should not only be school-based but geared towards lifelong learning.
- Initiatives to promote parent education and parent support structures should be developed.
- Areas of individual and shared agency responsibility need to be clarified as should objective criteria for measuring success.
- Sufficient funds are essential to initiate a national strategy.
- A review of the drug laws through a Royal Commission might clarify priorities between enforcement, prevention and harm minimisation policies.

2. A set of action points which might be taken forward from the conference:

- Government ministries and ministers should be lobbied, as should research bodies and pharmaceutical companies.
- A new rôle for the police might involve raising awareness about legal issues concerning the use and supply of drugs.
- There is a need to address the short-term funding of projects and thus ensure early intervention, better support services and counselling.
- The membership of the Drug Reference Groups and the commitment of those involved needs to be reviewed.
- The status and range of services provided by the youth service should be boosted in recognition of the valuable contribution it makes to drug education.

3. The rôle and future of the Drug Action Teams in drug education and prevention:

- Their rôle and membership should be re-examined and explanations sought for the low levels of participation by senior and influential figures.
- DATs should have a number of specific functions such as sharing intelligence with DRGs; co-ordinating the delivery of drugs education at schools through Personal Health and Social Education classes; taking statutory responsibility for drug and addiction education nationally.
- Improved levels of funding are required, possibly by means of re-allocation of money from drug seizures.
- DATs need to agree a national joint statement over purpose.

not respond well to authority. Resources might be better spent on expanding the numbers of detached and intermediate youth workers who are able to relate to young people in youth clubs, at fairgrounds or cafes. In the end, it is pointless trying to prevent young people from taking drugs since, if they wish to do so, they will. The most we can do is to warn against drug use and aim to minimise the risks.

➤ Discussion focused further on the work of the South Cheshire DAT and explored ways in which good practice achieved there could be transferred to other DATs.

The speakers stressed that a major criterion for success in inter-agency working is an open communications network. This prompted the Cheshire police to contribute resources and expertise in developing a network system which could be used by all the agencies involved in the DAT. By gaining information on drug seizures, for example, the DAT was able to monitor major changes in trends and habits and tailor its activities accordingly. Similarly, when asked about evaluation processes the speakers explained that a collaborative approach had yielded some very effective and useful feedback on the value of the joint initiatives and projects being undertaken. It had been a difficult task to develop areas of consensus among agencies with very different, sometimes conflicting, agendas and there are a number of areas still to be fully evaluated. However the process had assisted in the review of current practices, refined aspects of the original DAT action plans and undoubtedly made the service more relevant to clients' needs. Evaluation procedures are extremely important for assessing the value and purpose of initiatives and they need, therefore, to be accurate, appropriate, yield effective results and lead to improved outcomes. The involvement of the Cheshire youth DRG in the evaluation process has meant that the views and criticisms of young people have been taken into account.

Another successful element was the commitment to the DAT of about fifteen senior figures from different agencies. Rather than send deputies

to meetings, these people took full part in the formulation and implementation of policies, giving the DAT more 'teeth'. This contrasted with the experiences of other DATs. Some degenerated into 'talking shops', others were staffed by individuals who did not fully appreciate the concept of team-working and were unable to commit sufficient time and effort to making them more effective. South Cheshire was also fortunate in the levels of commitment from the local DRGs, the sub-groups responsible for gathering the information, allowing the DATs to work effectively.

6 Overview — the Public Health Imperative

In his overview of the conference, **Professor John Ashton** adopted the perspective of a public health officer, connecting thinking on drugs education with wider public health issues.

One solution might be to include drugs in a broader public health strategy

In terms of current provision, there are a number of areas where we seem to be going wrong. The main problem is the failure to exploit fully opportunities for prevention. We are so busy attempting to mitigate the effect of the problem that we tend to disregard the root causes. Similarly, there does not yet appear to be a clear and coherent strategy for improving the situation; there are plenty of targets but few guidelines for deciding how those targets should be reached. One solution might be to include drugs in a broader public health strategy. The new government has appointed a Minister for Public Health for the first time and it is hoped that a national inter-departmental strategy might emerge over the next few months.

An issue which came out strongly in discussion groups was the need for good intelligence to inform the work of DATs and other similar agencies. They require an accurate and up-to-date perspective on what is happening elsewhere, on the views of young people and on public policy attitudes generally.

Linked to prevention is the need for better and more balanced health promotion in medical and social services. Health promotion in the tertiary sector, for example, is often neglected and clinicians are often content to discharge patients without modifying the underlying causal factors.

However, it is important to recognise in any attempt at changing perceptions that such changes take place over long periods. It takes time to come to terms with new ways of thinking and behaving, while changing social attitudes, reducing unemployment levels and encouraging more mature and open-minded consideration of the issues require a longer time scale than people think. For example, the 'revolution' in teenage sexual behaviour began in the 1960s but it is only now that we are beginning to get the response to it right in terms of policy-making and service provision.

There are drug users and drug abusers, groups which require solutions tailored to their own needs

The contribution of public health to the drugs education debate can be better understood by referring to this area of responsibility as the health of the public in all its aspects. One of the most important is the whole population approach and the recognition that there are multiple populations, all with different needs and belonging to specific sub-groups. There are drug users and drug abusers, groups which require solutions tailored to their own needs and not a single approach.

A number of approaches have been borrowed from the American experience, some successful, others quite inappropriate, although this should not detract from the need to undertake international comparative studies. The most notorious failure was the war on drugs of the 1980s, a strategy of criminalisation which failed miserably mainly because of contradictory public and private values and inconsistency in application. By contrast, the San Francisco experience was successfully replicated in Liverpool during the 1980s as a solution to the city's escalating heroin and HIV problems. Controversial at the time, syringe exchange programmes and a harm minimisation strategy addressed the public health imperative and kept the HIV virus out of the population. The North West Health Authority was fortunate in the political support it received in its choice of strategy. One hopes that those appointed by the new government will also take a fresh look at all aspects of public health.

Another successful aspect of the Merseyside health strategy was the twin emphasis on prevention and on-going contact with users. Building trusting and non-judgmental relationships assisted the educational and prevention processes and led to a better and more informed insight into changing behaviours and attitudes. Indeed, this emphasis upon user-friendly, population-based approaches worked well within the whole North West region and contributed substantially to public health and safety levels.

The fundamental point to make is that one cannot place drugs in isolation from other issues and it is important to relate the problem to other areas of public health, for example infectious diseases and the effects of poverty and poor diet on the health and social attitudes. To formulate a vision of where to take the debate further requires clear strategic intent and the sharing of experiences and ideas. Equipped with vision, self-belief and confidence that the tide can indeed be turned should bring light to the end of the tunnel.

➤ Discussion focused on ways of improving the link between the drugs agenda and public health generally and looked into developing a more community-based, localised provision of health services.

There has often been tension between primary care provision and devolving certain responsibilities to the community and to non-medical groups. Today, although GPs complain about the increasing burden placed upon them by a demanding public, they are reluctant to forfeit their monopoly over services which, as professionals, they think

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they ought to be providing. Furthermore, government attempts to integrate prevention into GP work with drug users, and thus encourage greater inter-agency co-ordination of complementary services to meet the needs of minority groups, met with considerable opposition from the profession. One solution might be to encourage agencies to enter medical colleges and work with students to make future GPs more aware of the needs of the broader population. One cannot overemphasise the importance of recognising the existence of different needs and developing health responses to them.

In response to this it was suggested that one of the principal obstacles to educating the population about basic primary care, and improving public awareness of health issues, is the mentality of only ever doing things through professionals instead of listening to the public. Developing and disseminating expertise is more important than recruiting experts and we must not overlook the fact that, with 30 per cent of the population now entering university, we are dealing with an increasingly educated and sophisticated public.

The conference concluded on a positive note. Having put the issues into perspective, the speaker gave representatives from the main agencies a firm basis upon which to carry their work forward. With an administration and Minister for Public Health interested in child and teenage health, the task is now to link drugs issues to a more general agenda for the physical and mental welfare of young people.

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